

Practitioner's Docket No. MI22-1246



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Moore, Scott E. ; Meikle, Scott G.; and Crum, Magdel

Application No.: 09/517,127

Group No.: 3723

Filed: 03/02/2000

Examiner: Unknown

For: "Semiconductor Processor Systems, Systems Configured to Provide a Semiconductor Workpiece Process Fluid, Semiconductor Workpiece Processing Methods, Methods of Preparing Semiconductor Workpiece Process Fluid, and Methods of Delivering Semiconductor Workpiece Process Fluid to a Semiconductor Processor"

Assistant Commissioner for Patents
Washington, D.C. 20231

REQUEST FOR CORRECTED FILING RECEIPT

1. Attached is a copy of the official filing receipt received from the PTO in the above application for which issuance of a corrected filing receipt is respectfully requested.
2. There is an error with respect to the following, which is incorrectly entered.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8a)

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Date: 6/7/00

FACSIMILE

transmitted by facsimile to the Patent and Trademark Office.

Signature

Natalie King

(type or print name of person certifying)

Error in

1. Title



Correct data

1. Semiconductor Processor Systems, Systems Configured to Provide a Semiconductor Workpiece Process Fluid, Semiconductor Workpiece Processing Methods, Methods of Preparing Semiconductor Workpiece Process Fluid, and Methods of Delivering Semiconductor Workpiece Process Fluid to a Semiconductor Processor"

3. The correction is not due to any error by applicant and no fee is due.

A handwritten signature in black ink, appearing to read "J. D. Shaurette".

SIGNATURE OF PRACTITIONER

James D. Shaurette
Reg. No. 39,833
601 W. First Ave., #1300
Spokane, WA 99201
Tel. No.: (509) 624-4276
Customer No.: 021567

RECEIPT

Please type a plus sign (+) inside this box →

FILE COPY

PTO/SB/21 (6-98)

Approved for use through 09/30/2000. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

3

Application Number

09/517,127

Filing Date

March 2, 2000

First Named Inventor

Scott E. Moore et al.

Group Art Unit

Unknown

Examiner Name

Unknown

Attorney Docket Number

MI22-1246

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Postcard Receipt Request for Corrected Filing Receipt
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	No Fee Required	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	James D. Shaurette, Reg. No. 39,833 Wells, St. John, Roberts, Gregory, & Matkin, P.S.
Signature	
Date	6/7/00

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: Typed or printed name

Signature

Date

6-7-00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be send to the Chief Information Officer Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED
JUN 13 2000 MAIL ROOM